

Supportive Housing Initiative Act (SHIA 2001)  
California Quality of Life (CA-QOL)\*

26516

Client ID Number

Distribution Date

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Project Code

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**Instructions:** Below is a set of questions about your life. Please answer each question by filling in the bubble that best describes your experience or how you feel. Please fill in only one bubble for each question.

**General Life Satisfaction**

1. How do you feel about your life in general?

Terrible ☐ 1    Unhappy ☐ 2    Mostly Dissatisfied ☐ 3    Mixed ☐ 4    Mostly Satisfied ☐ 5    Pleased ☐ 6    Delighted ☐ 7

**Living Situation**

2. Think about your current living situation. How do you feel about:

A. The living arrangements where you live?

Terrible ☐ 1    Unhappy ☐ 2    Mostly Dissatisfied ☐ 3    Mixed ☐ 4    Mostly Satisfied ☐ 5    Pleased ☐ 6    Delighted ☐ 7

B. The privacy you have there?

☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7

C. The prospect of staying on where you currently live for a long period of time?

☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7

**Daily Activities & Functioning**

3. Think about how you spend your spare time. How do you feel about:

A. The way you spend your spare time?

Terrible ☐ 1    Unhappy ☐ 2    Mostly Dissatisfied ☐ 3    Mixed ☐ 4    Mostly Satisfied ☐ 5    Pleased ☐ 6    Delighted ☐ 7

B. The chance you have to enjoy pleasant or beautiful things?

☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7

C. The amount of fun you have?

☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7

D. The amount of relaxation in your life?

☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7

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\*Adapted from the Full and Brief versions of the Lehman Quality of Life Interview.



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**Family**

4. In general, how often do you talk to a member of your family on the telephone?

- ☐ at least once a day      ☐ at least once a month      ☐ not at all  
☐ at least once a week      ☐ less than once a month      ☐ no family

5. In general, how often do you get together with a member of your family?

- ☐ at least once a day      ☐ at least once a month      ☐ not at all  
☐ at least once a week      ☐ less than once a month      ☐ no family

6. How do you feel about:

A. The way you and your family act toward each other?

- Terrible      Unhappy      Mostly Dissatisfied      Mixed      Mostly Satisfied      Pleased      Delighted  
☐ 1      ☐ 2      ☐ 3      ☐ 4      ☐ 5      ☐ 6      ☐ 7

B. The way things are in general between you and your family?

- ☐ 1      ☐ 2      ☐ 3      ☐ 4      ☐ 5      ☐ 6      ☐ 7

**Social Relations**

7. About how often do you do the following?

A. Visit with someone who does not live with you?

- ☐ at least once a day      ☐ at least once a month      ☐ not at all  
☐ at least once a week      ☐ less than once a month

B. Telephone someone who does not live with you?

- ☐ at least once a day      ☐ at least once a month      ☐ not at all  
☐ at least once a week      ☐ less than once a month

C. Do something with another person that you planned ahead of time?

- ☐ at least once a day      ☐ at least once a month      ☐ not at all  
☐ at least once a week      ☐ less than once a month

D. Spend time with someone you consider more than a friend, like a spouse, a boyfriend or a girlfriend?

- ☐ at least once a day      ☐ at least once a month      ☐ not at all  
☐ at least once a week      ☐ less than once a month

8. How do you feel about:

A. The things you do with other people?

- Terrible      Unhappy      Mostly Dissatisfied      Mixed      Mostly Satisfied      Pleased      Delighted  
☐ 1      ☐ 2      ☐ 3      ☐ 4      ☐ 5      ☐ 6      ☐ 7

B. The amount of time you spend with other people?

- ☐ 1      ☐ 2      ☐ 3      ☐ 4      ☐ 5      ☐ 6      ☐ 7

C. The people you see socially?

- ☐ 1      ☐ 2      ☐ 3      ☐ 4      ☐ 5      ☐ 6      ☐ 7

D. The amount of friendship in your life?

- ☐ 1      ☐ 2      ☐ 3      ☐ 4      ☐ 5      ☐ 6      ☐ 7

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**Finances**

9. On average, how much money did you have to spend on yourself in the **past month**, not counting money for room and meals?

- ☐ less than \$25    ☐ \$25 to \$50    ☐ \$51 to \$75    ☐ \$76 to \$100    ☐ more than \$100

10. During the **past month**, did you generally have enough money to cover the following items?

- |                                                                                                        | No                    | Yes                   |
|--------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| A. Food?                                                                                               | <input type="radio"/> | <input type="radio"/> |
| B. Clothing?                                                                                           | <input type="radio"/> | <input type="radio"/> |
| C. Housing?                                                                                            | <input type="radio"/> | <input type="radio"/> |
| D. Traveling around for things like shopping, medical appointments, or visiting friends and relatives? | <input type="radio"/> | <input type="radio"/> |
| E. Social activities like movies or eating in restaurants?                                             | <input type="radio"/> | <input type="radio"/> |

11. In general, how do you feel about:

- |                                                             | Terrible                | Unhappy                 | Mostly<br>Dissatisfied  | Mixed                   | Mostly<br>Satisfied     | Pleased                 | Delighted               |
|-------------------------------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| A. The amount of money you get?                             | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 |
| B. How comfortable and well-off you are financially?        | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 |
| C. The amount of money you have available to spend for fun? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 |

**Legal & Safety**

12. In the past month, were you a victim of:

- |                                                                                              | No                    | Yes                   |
|----------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| A. Any violent crimes such as assault, rape, mugging, or robbery?                            | <input type="radio"/> | <input type="radio"/> |
| B. Any nonviolent crimes such as burglary, theft of your property or money or being cheated? | <input type="radio"/> | <input type="radio"/> |

13. In the past month, have you been arrested or picked-up for any crimes?

- ☐ 0 arrests    ☐ 1 arrest    ☐ 2 arrests    ☐ 3 arrests    ☐ 4 arrests    ☐ 5 arrests    ☐ 6 or more arrests

14. How do you feel about:

- |                                                              | Terrible                | Unhappy                 | Mostly<br>Dissatisfied  | Mixed                   | Mostly<br>Satisfied     | Pleased                 | Delighted               |
|--------------------------------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| A. How safe you are on the streets in your neighborhood?     | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 |
| B. How safe you are where you live?                          | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 |
| C. The protection you have against being robbed or attacked? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 |

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**Health**

15. In general, would you say your health is:

- ☐ excellent    ☐ very good    ☐ good    ☐ fair    ☐ poor

16. How do you feel about:

A. Your health in general?

- |                         |                         |                         |                         |                         |                         |                         |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Terrible                | Unhappy                 | Mostly<br>Dissatisfied  | Mixed                   | Mostly<br>Satisfied     | Pleased                 | Delighted               |
| <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 |

B. Your physical condition?

- |                         |                         |                         |                         |                         |                         |                         |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|

C. Your emotional well-being?

- |                         |                         |                         |                         |                         |                         |                         |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|

**Global Rating**

17. How do you feel about your life in general?

- |                         |                         |                         |                         |                         |                         |                         |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Terrible                | Unhappy                 | Mostly<br>Dissatisfied  | Mixed                   | Mostly<br>Satisfied     | Pleased                 | Delighted               |
| <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 |

18. How did you become involved with this program?

- ☐ I decided to come in on my own.
- ☐ Someone else recommended that I come in.
- ☐ I came in against my will.

The California Quality of Life Survey (CA-QOL) is adapted from Dr. Anthony Lehman's Quality of Life Interview (Full and Brief versions) by a committee representing the State Department of Mental Health, California Mental Health Directors Association, and the California Mental Health Planning Council with the written permission of Dr. Lehman. Questions about the CA-QOL should be directed to the California Department of Mental Health, 1600 9th Street, Sacramento, CA, 95814. For more information about the Lehman Quality of Life Interview, contact: Anthony Lehman, M.D., Department of Psychiatry, University of Maryland Medical Center, 645 West Redwood Street, Baltimore, MD 21201.

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